

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 5:</b> General Case Management	<b>Effective Date:</b> April 1, 2015
	<b>Section 19:</b> Child and Adolescent Needs and Strengths (CANS) Assessment	<b>Version:</b> 1

## **POLICY**

The Indiana Department of Child Services (DCS) utilizes a comprehensive Child and Adolescent Needs and Strengths (CANS) assessment to document and communicate the strengths and needs of the child and to assist in determining the appropriate level of behavioral health services for the child. The CANS will be the basis for planning individualized services for children based on their identified strengths and needs. The CANS will also play a critical role in informed decision making regarding the category of placement recommended for a child when a decision to place has been made.

### **[NEW] KidTraks**

The CANS assessment will be completed by DCS staff in KidTraks. When completed, the CANS will produce a behavioral health recommendation. If a child will be placed out of home, the Family Case Manager (FCM) should indicate the DCS decision to remove/place the child within the CANS assessment to generate the CANS placement recommendation.

**[REVISED]** KidTraks includes two (2) versions of the comprehensive CANS assessment; Birth-5, and 5-17. DCS will use the Birth-5 and 5-17 as indicated based on the age of the child and case juncture as follows.

1. For children who are age five (5), FCMs should use the version that will best address the child's developmental needs. For example, consider the child's school involvement. If the child is in school (kindergarten through grade 12), use the CANS 5 to 17.
2. For youth age 17 ½ or older that do not have a Caregiver, rate the youth's own ability to fulfill the following caregiver functions/items: Supervision, Knowledge, Organization, and Residential Stability in the CANS Caregiver Strengths and Needs Domain. Mark remaining items N/A (they are reflected in other items). If the youth has family or an unpaid caregiver, rate that person or persons regarding their ability to fulfill the caregiver functions.
3. For youth who are age 18 or older, FCMs should use the CANS 5 to 17.

### **[REVISED] Initial CANS Assessment**

DCS will complete an initial CANS Assessment for each child in the home when:

1. A substantiated Child Abuse or Neglect (CA/N) assessment will be closed without opening a case;
2. A program of Informal Adjustment (IA) has been initiated;
3. An in-home Child in Need of Services (CHINS) has been initiated;

4. The child is placed in out-of-home care during a CA/N assessment; and/or
5. **[NEW]** The child is adjudicated a CHINS and placed by DCS in out-of-home care during a Mental Health or Developmental Disability Family Evaluation.

**Note:** A CANS assessment must be completed prior to making a service referral unless emergency services are necessary.

When completing a CANS assessment on a child and his or her family, the FCM should first gather information from readily available sources, which may include the child, the family, the Court Appointed Special Advocate (CASA), the Guardian Ad Litem (GAL), resource parent(s), service providers, the school, and other members of the Child and Family Team (CFT).

#### **[REVISED] CANS Reassessment**

DCS will continue to complete a CANS a minimum of every 180 days and at critical case junctures (i.e., any time there is an apparent change in the child or family needs) during the life of the IA or CHINS case. A CANS assessment must be completed no more than 30 days prior to case closure.

#### **[REVISED] CANS Recommendations**

##### **CANS Behavioral Health Recommendations**

When the CANS assessment is completed in KidTraks, the behavioral health decision model will run, producing one (1) of the following recommendations:

- 0 No Treatment Recommended;
- 1 Outpatient;
- 2 Outpatient with Limited Case Management;
- 3 Supportive Community Services;
- 4 Intensive Community Based Services: High Fidelity Wraparound;
- 5 Intensive Home and Community Based Services; or
- 6 High Intensity Services.

#### **[REVISED] CANS Placement Recommendations**

DCS will utilize the CANS placement recommendation to assist the CFT in determining the appropriate category of placement to support a child's individual needs. When the FCM indicates on the CANS tool that DCS or the court decided to remove/place the child, the CANS placement decision model will run, producing one (1) of the following recommendations:

- 0 DCS/JJ Current Removal Not Acknowledged;
- 1 Regular Foster Care;
- 2 Foster Care with Services (Moderate Foster Care);
- 3 Treatment Foster Care;
- 4 Group Home - 15 and Older;
- 6 Group Home - 12 and above;
- 7 Residential Facility (i.e. Child Caring Institution or Private Secure Facility)

#### **Code Reference**

N/A

## **PROCEDURE**

For information on KidTraks see [DCS - KidTraks Financials](#).

### **Substantiated and Closed CA/N Assessments**

For all substantiated CA/N assessments that are closed without opening a case, the FCM will:

1. Gather information necessary to complete the CANS assessment;
2. Complete the initial CANS assessment within five (5) days of the CA/N assessment finding; and
3. Provide community service information and referral to the child's parent, guardian or custodian as appropriate for the Behavioral Health Recommendation.

### **Informal Adjustments (IAs) and In-Home Child in Need of Services (CHINS)**

For all IAs and In-Home CHINS assessments, the FCM will:

1. Gather information necessary to complete the CANS assessment;
2. Complete the initial CANS assessment within five (5) days of the CA/N assessment finding; and
3. Complete "additional steps" below.

### **Placement Out-of-Home during the Child Abuse and/or Neglect (CA/N) Assessment and Out-of-Home Child in Need of Services (CHINS)**

For all children placed out-of-home during the CA/N assessment, the FCM will:

1. Gather information necessary to complete the CANS;
2. Complete the initial CANS assessment:
  - a. Prior to placement, or
  - b. Within five (5) days of removal or opening the case if there was an "emergency" removal, and
3. Complete "additional steps" below.

### **[REVISED] Critical Case Junctures**

For all children or families who are involved in a critical case juncture (i.e., any time there is an apparent change in the child or family needs, or new information is obtained, indicating a need exists that may require different services), the FCM will:

1. Complete the CANS assessment within five (5) days of the beginning of the event, unless a placement change is necessary which would require a CANS assessment prior to placement; and
2. Complete "additional steps" below.

### **Additional Steps for CANS Assessments**

In addition to the steps listed above, the FCM must complete the following:

1. Discuss the appropriateness of the CANS recommendations with the parent, guardian, or custodian during the CFT prep meeting;
2. Distribute copies of the CANS assessment and encourage discussion of the ratings and recommendations with the CFT members in an effort to ensure accurate ratings on each CANS item. Should the CFT members significantly disagree on any of the item ratings, behavioral health or placement recommendations those disagreements may be further addressed in the CFT

meeting or other team meeting in order to build consensus among team members;

**Note:** If the resource parent(s) is not a part of the CFT, the FCM will ensure the resource parent(s) receive a copy of the CANS and have the opportunity to discuss any questions or concerns.

3. Complete a CANS reassessment if it is determined by the CFT that any individual item on the CANS was rated inaccurately;
4. Seek the Local Office Director (LOD) or his or her designee's approval prior to placing if it is determined that the child should be placed at a category higher or lower than the CANS recommendation. Document the reasons for the placement level change and approval in the Management Gateway for Indiana's Kids (MaGIK);
5. Document all behavioral health recommendations and decisions in the [Case Plan](#). For all IAs document in the [Progress Report on Program of Informal Adjustment](#)

**Note:** Identified needs rated as 2 and 3, as well as, the identified strengths rated 0 and 1 should be incorporated into the case plan and should be tied to outcomes and activities.

6. Print a hard copy of the CANS assessment and recommendation and place in the child's file;
7. **[REVISED]** Complete a CANS assessment at least every 180 days when updating the [Case Plan](#), to develop an IA or at critical case junctures (i.e., any time there is an apparent change in the child or family needs or new information is obtained indicating a need exists that was not previously identified that might require a different intensity of services);
8. Modify the [Case Plan](#) or [Program of Informal Adjustment \(IA\)](#)
9. based on the progress and changing needs of the youth and family. This is not applicable when CA/N has been substantiated and the assessment has been closed; and
10. Complete a CANS assessment no more than 30 days prior to case closure.

The FCM Supervisor will:

1. Discuss any questions or concerns the FCM may have regarding the CANS assessment ratings and/or recommendations;
2. Monitor the quality of the FCM's CANS assessments on an ongoing basis; and
3. Monitor the FCM's CANS certification and recertification.

The LOD or his or her designee will:

1. Discuss any questions or concerns the FCM Supervisor and FCM may have regarding placements at a higher or lower category of care than the CANS recommendation or any placements in residential facilities; and
2. Make a final decision regarding requests to place a child in a higher or lower category of care than the CANS recommends or requests to place a child in a residential facility and inform the FCM Supervisor and FCM of his or her decision.

## PRACTICE GUIDANCE

**[REVISED]** DCS will complete a CANS assessment prior to the development of the [Program of Informal Adjustment \(IA\)](#) or [Case Plan](#). DCS will engage the (CFT) to review the family's [Initial Safety Assessment](#) and the [Initial Family Risk Assessment](#) to assist in identifying the strengths and needs of the child and family. The CANS ratings and recommendations will be used as guidance to determine the appropriate level of services. See separate policies, [5.10 Family Services](#) and [4.26 Determining Service Levels and Transitioning to Ongoing Services](#).

1. **Note:** All needs items rated a 2 or 3 on the CANS should be addressed in the [Program of Informal Adjustment \(IA\)](#) or [Case Plan](#). Strengths rated a 0 or 1 on the CANS are also useful. Best practice is for the second comprehensive CANS to be completed prior to the development of the Case Plan or IA as additional information may become available throughout the assessment.

The [CANS Friendly Interview Guide](#) may be referenced for suggested questions when conducting the CANS Assessment. CANS users may want to look at the questions for tips and/or ideas about asking sensitive questions in a manner that is respectful to youth and parents. However, good practice is to engage the family and child in telling their story and guiding the conversation to cover relevant issues. The interview guide is not a required strategy for collecting information to complete the CANS. Rather, the interview guide is intended for use as an aide or supplement to the CANS.

Additional documents are available on the [CANS MyShare](#) page to assist in accurately rating each CANS measure such as the CANS Manuals, Score sheets, and Glossary.

### Placement Decision-Making

1. If an out-of-home placement is needed, the FCM will first search for an appropriate relative placement and utilize the CANS behavioral health and placement recommendations to determine any additional services needed to support the relative placement.
2. If an appropriate relative is not identified and a non-relative placement is needed, the FCM will then search for an appropriate licensed foster care home (DCS or Licensed Child Placing Agency (LCPA) and utilize the CANS behavioral health and placement recommendations to determine any additional services needed to support the licensed foster home placement.
3. If the CANS placement recommendation is Group Home or Residential Facility, the FCM will review the CANS ratings to determine the needs of the child. The FCM should then determine if the child should be placed in a residential setting or be maintained in a lower category of supervision, such as a relative placement or licensed foster home with services. The FCM should then search for an appropriate placement setting to meet the identified needs of the child.
4. Any placement of a child in a placement type other than the CANS placement recommendation will require the DCS LOD or their designee's approval.
5. Placement in a residential facility will require approval from the Residential Placement Committee. DCS will not place a child into a residential care facility prior to receiving court approval of the DCS recommendation. See separate policy, [8.4 Residential Care Review and Approval](#).

## FORMS AND TOOLS

1. [Case Plan](#)
2. [Program of Informal Adjustment \(IA\)](#)
3. [Safety Assessment](#) - Available in MaGIK
4. [Risk Assessment](#) - Available in MaGIK
5. [CANS Friendly Interview Guide](#)
6. [CANS MyShare](#)
7. [Praed Foundation](#)
8. [DCS Praed Foundation KidTraks DARMHA User Guide](#)
9. [Progress Report on Program of Informal Adjustment](#)

## RELATED INFORMATION

### **CANS Certification**

All DCS Family Case Managers (FCM), Family Case Manager Supervisors (FCMS), Local Office Directors (LOD) and Division Managers (DM) must be certified using the web-based training available through the [Praed Foundation](#). Reliability rating of .70 or higher is required for certification. Periodic re-certification is required based on reliability ratings as follows:

- >.80 valid for two (2) years
- .75 to .80 valid for one (1) year
- .70 to <.75 valid for six (6) months

All FCM Supervisors must attend CANS SuperUser classroom training in order to become certified as a CANS SuperUser. A CANS SuperUser receives additional training on how to train and mentor CANS users and is required to achieve a reliability rating of .75 or higher on the CANS. FCM Supervisors must attend a CANS SuperUser Booster training annually from the previous date they attended to maintain CANS SuperUser status. Recertification must be completed through the [Praed Foundation](#).

Once FCM Supervisors are certified as CANS SuperUsers, they are responsible for assisting FCMs in their DCS local office in maintaining CANS Certification.

Any questions regarding CANS can be addressed to the CANS mailbox [DCS.CANS@dcs.in.gov](mailto:DCS.CANS@dcs.in.gov).

### **Critical Case Junctionures**

A critical case juncture is an event or episode involving the child or family that may affect their strengths, needs, and/or case plan (e.g. trial home visits, reunification, potential placement disruptions, transition to collaborative care, new abuse or neglect allegations, potential runaway situations, lack of parental contact, adoption placements, etc.).

### **CANS Placement Recommendations**

**Foster Care** is the minimum placement level recommended on the CANS for all children identified as removed/placed by DCS. The child's needs can be met in a family and community setting with access to school, friends and community-based resources. The child may have a history of mild behavioral/emotional needs that require a low level of service (such as outpatient therapy).

**Foster Care with Services (Moderate Foster Care)** indicates the child has a moderate developmental, behavioral/emotional need. In addition to foster care in the community, the child, family and resource family may be supported with treatment and support services to address and manage identified needs.

**Treatment Foster Care** indicates the child has either a severe medical, developmental or behavioral/emotional need, or a high-risk behavior, that is moderate to severe. In addition to foster care in the community, the child, family and foster family are supported with treatment and support services to address and manage identified needs.

**Note:** A child may also have a combination of any of the above needs.

**[REVISED] Group Home** (15 and older, under 12, 12 and above) indicates the child has a moderate developmental, physical, or medical need, and/or moderately exhibits sexual aggression or delinquency that may require placement in a specialty program provided in a Group Home setting if a suitable resource home is unable to meet this level of service and supervision intensity.

**Residential Facility** indicates the child; usually age 12 or older, has a severe developmental, physical, or medical need, and/or exhibits severe sexual aggression or delinquency that may require placement in a specialty program provided in a Residential setting if a suitable resource home is unable to meet this level of service and supervision intensity.